

Department of Purchasing & Contracting
1300 Commerce Drive, 2nd Floor
Decatur, Georgia 30030
Fax: (404) 371-7006

Date: May 1, 2023

Request for Quotation No. 23-3003805

Homeless Management Information System Services

I. Proposed Term:

Annual Contract with 2 Options to Renew

II. Attachments:

- A. Scope of Work
- B. Quote Form
- C. Bidder Contact Information
- D. Reference Form and Reference Check Release Statement
- E. Bidder Affidavit
- F. Insurance Requirements

III. Payment Terms:

Net 30

IV. Scope of Work:

See Attachment A

V. Federal Work Authorization Program:

All qualifying contractors and subcontractors performing work with DeKalb County, Georgia must register and participate in the federal work authorization program to verify the work eligibility information of new employees. In order for a Quotation to be considered, it is mandatory that the Quote Form – Attachment B, Bidder Contact Information – Attachment C, Reference Form/Reference Check Release – Attachment D, and Contractor Affidavit - Attachment E be completed with bidders' quote.

VI. Due Date:

All questions are due to Monique C. McCrear via email at mcmccrear@dekalbcountyga.gov on or before 12:00 p.m. EST on May 2, 2023.

Additional Information/Addenda

The County will issue responses to inquiries and any other corrections or amendments it deems necessary in a written addenda issued prior to the due date. Bidders should not rely on any representations, statements or explanations other than those made in this RFQ or in an addendum to this RFQ. Where there appears to be a conflict between the RFQ and any addenda issued, the last addendum issued will prevail. It is the responsibility of the Bidder to ensure awareness of all addenda issued for this solicitation. Please acknowledge the addenda and submit to the DeKalb County Department of Purchasing and Contracting as requested. Bidders may contact the above listed contact person to verify the number of addenda prior to submission. Addenda issued for this RFQ will be posted on DeKalb County's website, <https://www.dekalbcountyga.ov/informalbids>. Bidder should regularly check the County's website for addenda.

Quotes are due on or before 5:00 p.m. EST on May 4, 2023. Bidder must complete and return the quote form, reference form, bidder affidavit and provide a copy of Bidder's valid business license to DeKalb County by email to the attention of **Monique C. McCrear** or email to mcmccrear@dekalbcountyga.gov.

All quotes are to be provided on Attachment B, Quote Form.

Thank you for your interest in doing business with DeKalb County.

Sincerely,

Monique C. McCrear

Monique C. McCrear
Procurement Technician
Department of Purchasing and Contracting

ATTACHMENT A

SCOPE OF WORK

DeKalb County Community Development Department is seeking quotes for the performance of the functions shown below. Please provide an hourly rate that includes overall accomplishment of the tasks shown below. Many of the tasks must be performed at the DeKalb County Community Development office or at an agency location.

TASKS

- Support
 - Provide ongoing support on site, via phone, and/or email to agencies in the DeKalb CoC.
 - Troubleshoot user HMIS issues to resolve or escalate the issue.
- Assist with project management
 - Provide feedback to the CoC on system functionality and user HMIS challenges.
 - Assist with updating HMIS policies, procedures, and forms
- Assist CoC personnel in monitoring agencies
 - Monitor HMIS use to ensure full agency participation and compliance
 - Monitor agency adherence to Continuum of Care and GA HMIS operating policies and procedures
 - Communicate with agencies regarding issues of noncompliance
 - Monitor agency data quality and prepare a report for submission to agencies
 - Provide technical assistance to agencies based on data quality issues
- Problem Resolution
 - Communicate Coe and HMIS Lead data requirements and policies to HMIS users
 - Provide data quality support and training to HMIS users on site, via email, via phone, or via meeting presentations
 - on site as appropriate
 - Provide on-site data quality assessment of agencies
 - Troubleshoot data quality issues to reach resolution
- Assist in the planning and implementation of HMIS user group meetings.
- Reporting and Data Analysis
 - Assist with preparation of data for the LSA -Annual Homeless Assessment Report (AHAR), including review of AHAR data before submission
 - Assist with preparation of data for CoC and Coordinated Entry Annual Progress Reports (APRs) based on HMIS data
 - Assist with preparation and monitoring of the ESG CAPER report
 - Assist with preparation of data reports on outcomes and performance measures
 - Assist with ad-hoc reporting

- Assist with merging data from HMIS and other databases for analysis and monitoring
- Coordinated Entry (CE)
 - Development of tools and process for DeKalb CE implementation
 - Working with Ecovia (HMIS Developer) with programming to implement the DeKalb CE required HMIS implementation

PREFERRED KNOWLEDGE

- Experience with Homeless Management Information Systems
- General understanding of HUD HMIS Data and Technical Standards and reporting requirements
- Experience with HUD homeless programs

End of Specifications

RFQ 23-3003805 Homeless Management Information System Services

ATTACHMENT B
Quote Form

ITEM NO.	ITEM DESCRIPTION	ESTIMATED NUMBER OF HOURS	UNIT	HOURLY RATE	TOTAL
1	HMIS	1,500	PER HOUR	\$	\$

*Mileage will be paid at the County's current rate of \$.50/mile. (The rate may change from time to time.)

ATTACHMENT C

BIDDER CONTACT INFORMATION

1. Are you a DeKalb County Firm? Yes No
2. Has your firm been in Chapter 7 during the last ten (10) years? Yes No

Signed, sealed, and dated this _____ day of _____, 20__

Name of Business

By: _____
(Signature of Business Representative)

Name (Typed or Printed)

Title

Responder's Mailing Address

Phone Number

Fax Number

E-Mail Address

Attachment D

Reference Form and Reference Check Release Statement

List below at least three (3) references, including company name, contract period, contact name, email address, telephone numbers and project name of individuals who can verify your experience and ability to perform the type of service listed in the solicitation.

Company Name	Contract Period
Contact Person Name and Title	Telephone Number (include area code)
Email Address	
Project Description	

Company Name	Contract Period
Contact Person Name and Title	Telephone Number (include area code)
Email Address	
Project Description	

Company Name	Contract Period
Contact Person Name and Title	Telephone Number (include area code)
Email Address	
Project Description	

REFERENCE CHECK RELEASE STATEMENT

You are authorized to contact the references provided above for purposes of this RFQ.

Signed _____ Title _____

(Authorized Signature of Proposer)

Company Name _____ Date _____

Attachment E

CONTRACTOR AFFIDAVIT

By executing this affidavit, the undersigned verifies its compliance with O.C.G.A. § 13-10-91, as amended, stating affirmatively that the bidder submitting a bid, contractor, firm or corporation which is contracting with DEKALB COUNTY, GA, a political subdivision of the State of Georgia, has registered with and is participating in a federal work authorization program* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603, in accordance with the applicability provisions and deadlines established in O.C.G.A. § 13-10-91, as amended]. The affiant agrees to continue to use the federal work authorization program throughout the contract period.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with the COUNTY, contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. § 13-10-91, as amended, on the Subcontractor Affidavit form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the COUNTY, within five (5) days from when the subcontractor(s) is retained to perform such service.

BY: Authorized Officer or Agent

Federal Work Authorization
Identification Number

(Company Name)

Enrollment Date

Title of Authorized Officer or Agent of Bidder

Printed Name of Authorized Officer or Agent

Company Address (do not include a post office box)

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ DAY OF _____, 20__

Notary Public
My Commission Expires: _____

ATTACHMENT F

INSURANCE REQUIREMENTS

IMPORTANT NOTICE

IMPORTANT – PLEASE READ CAREFULLY & FOLLOW INSTRUCTIONS LISTED HEREIN

Insurance must meet the County's requirements and will be furnished by the successful Bidder(s) upon award.

1. Successful Bidder(s) will advise their insurance agent of the County's requirements as listed below and that they may not proceed with any work until insurance is provided that is in compliance with these requirements.
2. Contractor's insurance company or agent must mail, email, or bring an Original certificate of insurance and applicable declarations or endorsements to the DeKalb County address listed within this Insurance provision. Insurance must be from companies able to do business in Georgia and acceptable to the County as follows:
 - a. Certificates must cover:
 - i. Statutory Workers Compensation
 - ii. Employer's liability insurance by accident, each accident **\$1,000,000**
 - iii. Employer's liability insurance by disease, policy limit **\$1,000,000**
 - iv. Employer's liability insurance by disease, each employee **\$1,000,000**
 - v. Business Auto Liability Insurance with a minimum \$500,000 Combined Single Limit/Each Occurrence (Including operation of non-owned, owned, and hired automobiles).
 - vi. Commercial General Liability Insurance
 1. Each Occurrence - \$1,000,000
 2. Fire Damage - \$250,000
 3. Medical Expense - \$10,000
 4. Personal & Advertising Injury - \$1,000,000
 5. General Aggregate - \$2,000,000
 6. Products & Completed Operations - \$1,500,000
 7. Contractual Liability where applicable
 - b. DeKalb County, GA shall be named as Additional Insured under any General Liability, Business Auto and Umbrella Policies. Coverage shall apply as Primary and non-contributory with Waiver of Subrogation in favor of DeKalb County, Georgia. Such additional insured coverage shall be endorsed to Contractor's policy by attachment of ISO Additional Insured Endorsement forms CG 20 10 10 01 (ongoing operations) and CG 20 37 10 01 (products- completed operations), or form(s) providing equivalent coverage.
 - c. This insurance for the County as the additional insured shall be as broad as the coverage provided for the named-insured Contractor. It shall apply as primary insurance before any other insurance or self-insurance, including any deductible,
 - d. Contractor agrees to waive all rights of subrogation and other rights of recovery against the County and its elected officials, officers, employees or agents, and shall cause each Subcontractor to waive all rights of subrogation for all coverages.
 - e. Certificates shall state that the policy or policies shall not expire, be cancelled or altered without at least sixty (60) days prior written notice to the County.
 - f. Contractor understands and agrees that the purchase of insurance in no way limits the liability of the Contractor.

- g. The insurance carrier must have a minimum A.M. Best's rating of not less than "A" (Excellent) with a Financial Size Category of VII or better.
- h. Certificates to contain policy number, policy limits and policy expiration date of all policies issued in accordance with this contract.
- i. Certificates to contain the location and operations to which the insurance applies.
- j. Certificates to contain successful contractor's protective coverage for any subcontractor's operations. If this coverage is included in General Liability, please indicate on the Certificate of Insurance.
- k. Certificates to contain successful contractor's contractual insurance coverage. If this coverage is included in the General Liability, please indicate this on the Certificate of Insurance.
- l. Certificates shall be issued and delivered to the County and must identify the "Certificate Holder" as follows:
- m. The successful contractor shall be wholly responsible for securing certificates of insurance coverage as set forth above from all subcontractors who are engaged in this work.

**DeKalb County, Georgia
Director of Purchasing & Contracting
The Maloof Center, 2nd Floor
1300 Commerce Drive
Decatur, Georgia 30030**